

Know your rights

If you have Medicare, you have certain guaranteed rights to help protect you, including the right to appeal decisions about health care payment or services. Whether you have Original Medicare or a Medicare Advantage Plan, you have the right to file appeals and complaints (grievances).

State Survey Agencies and End-Stage Renal Disease (ESRD) Networks work together to help you with complaints (grievances) about your dialysis or kidney transplant care.

State Survey Agencies

State Survey Agencies also deal with complaints about dialysis and transplant centers (as well as hospitals and other health care settings). Your State Survey Agency can help with complaints like:

- Claims of abuse
- Mistakes in giving out or prescribing drugs
- Poor quality of care
- Unsafe conditions (like water damage, or electrical or fire safety concerns)

“Medicare’s Coverage of Dialysis & Kidney Transplant Benefits: Getting Started” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings. More details are available in the “Medicare Coverage of Kidney Dialysis & Kidney Transplant Services” booklet.

ESRD Networks

ESRD Networks monitor and improve the quality of care given to people with End-Stage Renal Disease (ESRD) and can help you with complaints about your dialysis facility or transplant center care.

If you have a complaint or grievance:

- You can file any complaint directly with your ESRD Network, instead of with your facility.
- Your facility or Network must treat every complaint as a grievance. This means the Network will investigate the issue, work on your behalf to try to solve it, and help you understand your rights.
- Your Network can still investigate a complaint and represent you, even if you wish to remain anonymous.
- Your facility can’t take any action against you for filing a grievance with your ESRD Network.

Contact your ESRD Network for complaints like:

- The facility staff didn’t treat you with respect
- The staff won’t let you eat during dialysis, and you’re always hungry
- The dialysis shifts conflict with your work hours, and the facility won’t let you change your appointment

Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the ESRD Network phone number for your state. TTY users can call 1-877-486-2048.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Get more information

Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get Medicare publications, find helpful phone numbers and websites, and compare dialysis facilities in your area. TTY users can call 1-877-486-2048.

There are also special organizations that can give you more information about kidney dialysis and kidney transplants. Call 1-800-MEDICARE to get the phone numbers for your State Survey Agency or ESRD Network. You can also call Medicare or visit shiphelp.org to get the phone number for your local SHIP.

End-Stage Renal Disease (ESRD) Networks

Call your local ESRD Network to get information about:

- Dialysis treatments
- Kidney transplants
- How to get help from other kidney-related agencies
- Problems at your facility
- Location of dialysis facilities and transplant centers

Your ESRD Network makes sure that you’re getting the best possible care and keeps your facility aware of important issues about kidney dialysis and transplants.

State Health Insurance Assistance Programs (SHIP)

SHIPs are state programs that give free local health insurance counseling to people with Medicare. Call your SHIP if you have questions about:

- Medigap policies
- Medicare health plan choices
- Filing an appeal
- Other general health insurance questions

Medicare’s Coverage of Dialysis & Kidney Transplant Benefits

GETTING STARTED



Learning that you have permanent kidney failure isn't easy, but you can still take control of your life. Talk with your health care team to get detailed information about kidney failure, dialysis treatments, and kidney transplants. Your health care team can also help you decide which treatment options are best for you.

Medicare coverage for people with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) covers people of all ages, including children.

If you already have Medicare because you're 65 or older, or if you're under 65 and disabled, Medicare coverage for dialysis begins right away. However, if you're under 65 and only eligible for Medicare because of ESRD, your Medicare coverage will usually start on the first day of the fourth month of your dialysis treatments.

People with ESRD can choose either Original Medicare or a Medicare Advantage Plan when deciding how to get Medicare coverage.

Visit [Medicare.gov/what-medicare-covers/your-medicare-coverage-choices](https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices) to learn more about your coverage options, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You can also visit [Medicare.gov/basics/end-stage-renal-disease](https://www.medicare.gov/basics/end-stage-renal-disease) to learn more about how Medicare Advantage Plans work for people with ESRD.

Medicare covers most kidney dialysis and kidney transplant services.

If you have Original Medicare, you need Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), and possibly Medicare drug coverage (Part D) to get the full benefits available under Medicare for people with ESRD.

If you join a Medicare Advantage Plan, you'll get the full benefits available under Original Medicare for people with ESRD. Read your plan materials or call your plan for more information.

Kidney dialysis

- Part A covers dialysis treatments when you're in a hospital
- Part B helps cover these dialysis services:
 - Outpatient dialysis treatments & doctors' services (in a Medicare-certified dialysis facility or your home)
 - Home dialysis training, equipment, and supplies
 - Certain home support services
 - Most drugs for outpatient and home dialysis (like an erythropoiesis stimulating agent to treat anemia)
 - Other services and supplies that are part of dialysis (like laboratory tests)
 - Dialysis when you travel in the U.S. and use a Medicare-certified facility

Note: In most cases, Medicare doesn't pay for transportation to dialysis facilities.

Kidney transplant

A kidney transplant is a type of surgery that's done to put a healthy kidney from another person into your body. This new kidney does the work that your own kidneys can no longer do.

Medicare will cover your kidney transplant only if it's done in a hospital that's Medicare-certified to do kidney transplants.

Generally, Part A covers these transplant services:

- Inpatient services in a Medicare-certified hospital
- Kidney registry fee
- Laboratory and other tests to evaluate your medical condition, and the conditions of your potential kidney donors
- The costs of finding the proper kidney for your transplant surgery (if there's no kidney donor)
- The full cost of care for your kidney donor
- Any additional hospital care for your child's donor, in case of problems due to the surgery
- Blood

Part B helps pay for these transplant services:

- Doctors' services for kidney transplant surgery
- Doctors' services for your kidney donor during their hospital stay
- Transplant drugs* (also called immunosuppressive drugs) for a limited time after you leave the hospital following a transplant
- Blood

When Medicare coverage ends

If you have Medicare **only** because of permanent kidney failure, Medicare coverage will end:

- 12 months after the month you stop dialysis treatments
- 36 months after the month of your kidney transplant

Your Medicare coverage may be extended if you meet certain conditions.

***Note:** Medicare offers a benefit that helps you pay for your immunosuppressive drugs beyond 36 months, if you don't have certain types of other health coverage. This benefit only covers your immunosuppressive drugs and no other items or services. It isn't a substitute for full health coverage. Visit [Medicare.gov/basics/end-stage-renal-disease](https://www.medicare.gov/basics/end-stage-renal-disease) to learn more.

What you pay

What you pay depends on the type of coverage you have and services you get:

- If you have Original Medicare, you'll pay 20% of the Medicare-approved amount for all covered dialysis related services. Medicare will pay the remaining 80%.
- If you need a kidney transplant, Medicare will pay the full cost of care for your kidney donor.
- You pay nothing for Medicare-approved laboratory tests.
- In most cases, the hospital gets blood from a blood bank at no charge, and you won't have to pay for it or replace it.

For more information on specific costs, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Note: If you're in a Medicare Advantage Plan, your costs may be different. Read your plan materials, or call your plan for information about your costs.

Other ways to pay health care costs

There are other kinds of health coverage that may help pay for services and treatment related to permanent kidney failure. They include:

- Employee or retiree coverage from an employer or union
- Medicare Supplement Insurance (Medigap)
- Medicaid
- Veterans' Administration benefits

In most states there are agencies and programs that help with some of the health care costs that Medicare doesn't pay. Contact your State Health Insurance Assistance Program (SHIP) if you have questions about health coverage. You can call 1-800-MEDICARE to get the phone numbers for your local SHIP, State Survey Agency, and ESRD Network.